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CONFIRMATION NO. 6406

<b>SERIAL NUMBER</b> 10/500,522	<b>FILING OR 371(c) DATE</b> 04/06/2005 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b>
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**APPLICANTS**

Norbert Heske, Kottgeisering, GERMANY;  
 Thomas Heske, Grafrath, GERMANY;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/DE03/00844 03/17/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

GERMANY 202 04 363.0 03/19/2002  
 GERMANY 202 04 362.2 03/19/2002  
 GERMANY 202 04 361.4 03/19/2002  
 GERMANY 102 12 156.7 03/19/2002  
 GERMANY 102 12 139.7 03/19/2002  
 GERMANY 102 12 155.9 03/19/2002  
 GERMANY 202 09 525.8 06/19/2002  
 GERMANY 202 09 530.4 06/19/2002  
 GERMANY 202 11 934.3 08/02/2002  
 GERMANY 202 15 962.0 10/17/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY GERMANY,</b>	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 48	<b>INDEPENDENT CLAIMS</b> 1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

61263

**TITLE**

Vacuum biopsy device

<b>FILING FEE RECEIVED</b> 1554	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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